Provider Participation to be Terminated for Inactivity

A provider's participation in the AHCCCS program may be terminated for any of several reasons, including inactivity.

Provider participation may be terminated if the provider has not submitted a claim to the AHCCCS Administration or one of the AHCCCS-contracted health plans or program contractors within the past 24-months. If AHCCCS has not received a claim or an encounter for the past 24 months, these providers will be terminated effective **April 2003**.

Completion of a new registration packet will be required to reactivate providers who reapply following termination for inactivity.

Providers should refer to Chapter 3 of the *AHCCCS Fee-For-Service Provider Manual* for information on provider participation.

Edit Alerts

Intake Edit 2
Notification date: March 17, 2003
Implementation date: Not yet scheduled

If a new intake is submitted without a client ID, use the current duplicate/near duplicate logic to determine if the system contains possible duplicate ID's.

1. If no possible duplicates are found, a new client ID will be assigned.
2. If a possible duplicate is identified:
   a. And the intake is resubmitted
   b. Using the override action with no client ID added, a new client ID will be generated, or
   c. A client ID is added, the intake is resubmitted and goes through the edit process for intakes containing client ID's.

The following edit for the intake add transaction will be run after Intake Edit 1, which was implemented 02/04/03:

If a new intake is submitted with a client ID and that client ID currently exists in the CIS system, the system will use the most current intake (intake date) in CIS for that client ID to do the following edit checks:

1. If the current intake has no closure date, the intake will be rejected with "Overlaps active enrollment" error message regardless if override action is used.
2. The date of birth and gender on the new intake must match the current intake exactly. If they do not match exactly, the new intake will be rejected with "DOB/Sex Invalid" error message regardless if the override action is used.
3. If data exists in the SSN field on one intake and not the other, there should be no edit of the data in the field.
4. If data exists in the AHCCCS ID field on one intake and not the other, there should be no edit of the data in the field.
5. If the new intake includes an SSN and it contains 9 zeroes or 9 nines, or if the if it contains more or less than 9 digits, it will be rejected with "Invalid SSN" error message regardless if override action is used.

6. If the new intake includes an AHCCCS ID and it contains 9 zeroes or 9 nines, or if it contains more or less than 9 digits, it will be rejected with "Invalid AHCCCS ID" error message regardless if override action is used.

7. If the client ID, date of birth and gender match, and if both the new intake and the current intake contain data in the AHCCCS ID field, the AHCCCS ID data must match exactly unless the override action is used. If the override action is not used and the AHCCCS ID data does not match, the intake will be rejected with "Invalid AHCCCS ID" error message.

8. If the client ID, date of birth and gender match, and if both the new intake and the current intake contain data in the SSN field, the SSN data must match exactly unless the override action is used. If the override action is not used and the SSN data does not match, the intake will be rejected with "Invalid SSN" error message.

Intake Edit 3
Notification date: March 17, 2003
Implementation date: Not yet scheduled

Add the following edit to existing intake edits for Action Code C, Intake Changes:

1. If a change intake includes an SSN and it contains 9 zeroes or 9 nines, or if it contains more or less than 9 digits, it will be rejected with "Invalid SSN" error message regardless if override action is used.

2. If a change intake includes and AHCCCS ID and it contains 9 zeroes or 9 nines, or if it contains more or less than 9 digits, it will be rejected with "Invalid AHCCCS ID" error message regardless if override action is used.

Top Monthly Pended Encounters

These edits continue to represent the majority of the pended encounter problems and may be sanctionable.

Z720–Exact Duplicate Found
Encounters are pending because at least one claim was found in the system that matches the pending claim. These claims need to be researched by the RBHA's to determine the cause for the exact duplicate. Multiple units of service for the same client on the same day should be combined. For example: If a client is seen for Peer Support twice in one day, W4048 should be billed on one claim with two units instead of two claims for one unit each.

The number of encounters pended for Z720 are as follows:

Value Options	14,085
NARBHA	57
CPSA 5	47
Excel	25
Total	**14,214**

R600 – Medicare Coverage Indicated But Not Billed
Encounters are pending because the TPL file indicates the recipient has Medicare coverage, but the claim has been submitted with the Medicare fields blank. If the TPL file indicates a recipient has Medicare, claims must be submitted with a dollar amount. If the service is not a Medicare covered service, zero must be entered in the Medicare fields. A zero value indicates Medicare did not cover or denied the service.

The number of encounters pended for R600 are as follows:

Value Options	9,960
CPSA 5	2,964
CPSA 3	337
NARBHA	259
PGBHA	251
Total	**13,771**

P295-Service Provider Terminated During Service Date Span

Encounters are pending because the AHCCCS PMMIS system indicates the billing provider's enrollment status is terminated prior to the billed dates of service. Providers can check their enrollment status in PMMIS PR070. If a provider feels PMMIS PR070 is incorrect, they should contact AHCCCS Provider Registration at (602) 417-7945.

The number of encounters pended for P295 are as follows:

Value Options	5,040
NARBHA	1,162
PGBHA	214
CPSA 5	192
Total	**6,608**

User Access Request Forms

The Office of Program Support Services must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax a copy of the appropriate User Access Request Form and User Affirmation Statement to Michael Carter at (602) 553-9023. For questions, please contact Michael Carter by telephone at (602) 553-9075 or by e-mail at *mcarter@hs.state.az.us*.

Web Update

The AHCCCS Provider Web Site was updated March 21, 2003 to include the following changes:

- The Eligibility/Enrollment screen now includes Eligibility Key Codes.

- The Provider's Master Account Holder is now able to update their correspondence address on line.

Rate Code and Key Code Discrepancy

RBHA's whose clients have a Title XIX/XXI eligible rate code and a Non-Title XIX/XXI key code, or a Non-Title XIX/XXI rate code and a Title XIX/XXI key code, for the same time span, must verify what health plan the client is enrolled in, as referenced in policy 2.18 (Title XIX and Title XXI eligibility). Policy 2.18 (b) states "The RBHA's are responsible for verifying Title XIX and Title XXI eligibility, determining potential eligibility for entitlements and referring clients to the appropriate resource." For questions, please contact Ruth Bateman at (602) 553-9095.

Promotions and New Hires

Please join Office of Program Support staff in welcoming Rhonda Burgess to the Division of Behavioral Health Services. Rhonda will fill the Data Integrity Unit Supervisor position in the Office of Program Support Services. Rhonda is a Certified Procedural Coder and has over 20 years experience with claims and encounters, most recently with Southwest Diagnostic. Rhonda's first day with the Division of Behavioral Health will be April 14, 2003.